

California Regional Water Quality Control Board  
Santa Ana Region

**NOTICE OF INTENT**

TO COMPLY WITH THE TERMS AND CONDITIONS OF THE GENERAL PERMIT TO DISCHARGE  
TREATED GROUNDWATER POLLUTED BY PETROLEUM HYDROCARBONS, SOLVENTS AND/OR  
PETROLEUM HYDROCARBONS MIXED WITH LEAD AND/OR SOLVENTS  
(Order No. R8-2002-0007, NPDES No. CAG918001)

I. PERMITTEE (*Person/Agency Responsible for the Discharge*)

Agency/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*  *City*  *State*  *ZIP*  
Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

II. FACILITY

Name: \_\_\_\_\_

Location: \_\_\_\_\_

*Street*  *City*  *State*  *ZIP*  
Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

a. Projected Flow Rate (*gpd*): \_\_\_\_\_, b. Receiving Water (*identify*): \_\_\_\_\_

c. Hardness Value: \_\_\_\_\_ (*applicable only to those sites polluted with leaded gasoline*)

III. BILLING INFORMATION (*Where annual fee invoices should be sent*)

Agency/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*  *City*  *State*  *ZIP*  
Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

IV. INDICATE EXISTING PERMIT NUMBER: (*if applicable*)

a. Individual permit Order No. \_\_\_\_\_ NPDES No. \_\_\_\_\_

b. General Permit Order No. 96-18- \_\_\_\_\_

V. CERTIFICATION:

*I certify under penalty of law that I am an authorized representative of the permittee and that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the permittee will comply with the terms and conditions stipulated in Order No. R8-2002-0007 including the monitoring and reporting program issued by the Executive Officer of the Regional Board.*

Name and Official Title: \_\_\_\_\_  
(type or print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
If changes to facility ownership and/or treatment processes were made after the issuance of the existing permit, please provide a description of such changes on another sheet and submit it with this Notice of Intent.